JACKSON TOWNSHIP LUZERNE COUNTY ZONING PERMIT APPLICATION

APPLICANT:	PHONE#:	
MAILING ADDRESS:		
OWNER OF PROPERTY (if different t	from applicant)	
NAME:	PHONE#:	
MAILING ADDRESS:	· · · · · · · · · · · · · · · · · · ·	
CONTRACTOR (If applicable)		
NAME:	PHONE#:	
MAILING ADDRESS:		
PROPERTY COVERED BY APPLICA	TION (Street Address or Legal O	escription):
TYPE OF ZONING DISTRICT:		
LOT SIZE:FEET WIDE:	FEET DEEP:	FLOOD ZONE:
PURPOSE OF APPLICATION: (Chec	k appropriate item or items)	
New Construction	Remodel a structure	Swimming Pool
Addition to Structure	Change of use	Shed
Demolition	Sign	Fence
OTHER, please explain	Conditional Use (attach all info re	equired in Zoning Ordinance)
PRESENT USE OF PROPERTY:		
INTENDED FUTURE USE OF PROPI	ERTY:	